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APPLICANTS

Christoph Wuersch, Niederurnen, SWITZERLAND;

None *(initials)*

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None *(initials)*

** FOREIGN APPLICATIONS *****

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Verified and Acknowledged	Examiner's Signature <i>(initials)</i>	Initials			

ADDRESS

000116
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TITLE

Hearing aid with a microphone system and an analog/digital converter module

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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